

**State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020**

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

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 CONNECTICUT OFFICE OF
 HEALTH CARE ACCESS

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Yale-New Haven Hospital	
Doing Business As	Yale-New Haven Hospital	
Name of Parent Corporation	Yale-New Haven Health Services Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	20 York Street New Haven, CT 06504	
Petitioner type (e.g., P for profit and NP for Not for Profit)	Non-Profit	
Name of Contact person, including title	Jean Ahn Director	
Contact person's street mailing address	Yale-New Haven Hospital 20 York Street New Haven, CT 06504	
Contact person's phone, fax and e-mail address	(203) 688-2609 (Phone) (203) 688-5013 (Fax) Jean.Ahn@ynhh.org	

SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title:

Bed/Crib/Bassinette/Warmer (hereinafter "Beds") Replacement

b. Location of proposal (Town including street address):

20 York Street, New Haven, CT 06504

c. List all the municipalities this project is intended to serve:

Please see response to Question 3 in the Project Description.

d. Estimated starting date for the project:

Upon determination by OHCA.e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E P

☒ ☐

Acute Care Hospital

☐ ☐

Behavioral Health Provider

☐ ☐

Hospital Affiliate

E P

☐ ☐

Imaging Center

☐ ☐

Ambulatory Surgery Center

☐ ☐

Other (specify): _____

E P

☐ ☐

Cancer Center

☐ ☐

Primary Care Clinic

SECTION III. EXPENDITURE INFORMATIONa. Estimated Total Capital Expenditure/Cost: **\$5,000,488**

b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	\$5,000,488
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$5,000,488
Fair Market Value of Leased Equipment	
Total Capital Cost	\$5,000,488

Major Medical and/or imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide copy of contract with vendor for medical equipment.

Several vendors are being considered. Please see Paragraph 3 under Question 2 in the Project Description.

c. Type of financing or funding source:

- ☒ Operating Funds
 ☐ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☒ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Will you be charging a facility fee?
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who are the payers of this service?

AFFIDAVIT

Applicant: **Yale-New Haven Hospital**Project Title: **Bed/Crib/Bassinette/Warmer (here-in- after "Beds") Replacement**I, James Staten, Chief Financial Officer
(Name) (Position – CEO or CFO)

of Yale-New Haven Hospital being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Yale-New Haven Hospital complies with (Facility Name) the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

James Staten
Signature

12/29/05
Date

Subscribed and sworn to before me on 12/29/05

Patricia C. Fiorentino
Notary Public/Commissioner of Superior Court

Patricia C. Fiorentino
NOTARY PUBLIC

My commission expires: MY COMMISSION EXPIRES DEC. 31, 2009

SECTION IV. PROJECT DESCRIPTION

- 1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.**

Yale-New Haven Hospital (YNHH) is the primary teaching hospital for the Yale School of Medicine and a major community hospital for residents of the greater New Haven area. The Hospital offers a full array of primary to quaternary patient services; many quaternary services have been designated as regional or national referral services.

A copy of YNHH's Department of Public Health (DPH) License is presented as Appendix 1.

- 2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?**

No new services are being proposed. Patient beds do not comprise a service, and additional DPH licensure is not required for patient beds.

Yale-New Haven is proposing to acquire replacement patient beds in patient care locations throughout the Hospital. Patient beds are routinely used in acute care hospitals to provide a sleep and, sometimes, a therapeutic surface during the course of patient's hospital stay. Each patient bed could be purchased separately, and these do not constitute major medical equipment. Each patient bed costs between approximately \$4,900 (medical/surgical bed) and \$35,000 (neonatal warmer). This equipment must be replaced routinely and has a useful life of approximately twelve years.

Yale-New Haven Hospital (YNHH) is negotiating with HillRom and Stryker Corporation (adult beds) and Ohmeda (pediatric and neonatal) to acquire a large number of patient beds. In aggregate, the estimated total cost for all the beds needed is \$5.0 million, which includes freight charges. Vendors have offered a significant discount as the preferred bed provider and associated accessories supplier for the Hospital if it agrees to purchase the bulk of its beds exclusively from them. The arrangement also provides excellent pricing for a parts agreement, all accessories and consumables.

YNHH is filing this Letter of Intent to commence a CON process to obtain OHCA's approval of the aggregate purchase of patient beds if OHCA determines that CON approval is required. However YNHH respectfully requests that OHCA examine whether the aggregation of purchases and replacement of this relatively minor patient bed equipment should be treated as a major capital expenditure for CON purposes or recognized as an aggregate purchase of equipment not subject to CON approval. Additionally, if the CON determination decision is based on the annual aggregate cost of a patient bed purchase/replacement plan, please note that the result will be to require CON proceedings for such equipment purchases/replacement for larger acute care hospitals and not for smaller hospitals. This is because the number of patient beds needed by a larger hospital, in the aggregate during a replacement project, is more likely

to exceed the \$1 million CON threshold than a similar replacement project undertaken by a smaller hospital.

3. Who is the current population served and who is the target population to be served?

The current population served and the target population to be served include the residents of Ansonia, Bethany, Branford, Cheshire, Clinton, Deep River, Derby, East Haven, Essex, Guilford, Hamden, Killingworth, Madison, Meriden, Milford, New Haven, North Branford, North Haven, Old Saybrook, Orange, Oxford, Seymour, Wallingford, Westbrook, West Haven and Woodbridge.

4. Identify any unmet need and how this project will fulfill that need.

For safety purposes, patient care support equipment such as patient beds necessarily must be replaced at the end of the equipment's useful life or if the equipment is no longer supported by the equipment vendor in terms of parts or service maintenance. This project will replace beds throughout the Hospital's patient care areas that are either nearing the end of their useful life, or will no longer be supported by the equipment vendor.

5. Are there any similar existing service providers in the proposed geographic area?

Not applicable. These replacement beds do not comprise a service.

6. What is the effect of this project on the healthcare delivery system in the State of Connecticut?

Not applicable. These replacement beds will not affect the healthcare delivery system in the State of Connecticut.

7. Who will be responsible for providing the service?

Not applicable. The replacement beds do not comprise a service.

8. Who are the payers of this service?

Not applicable. The patient beds are not a billed service. The payers for YNHH include Medicare, Medicaid, Aetna, Blue Cross, Cigna, Connecticare, HMCPPPO, Oxford, PHS, United Healthcare, Workers Compensation, Yale Health Plan and others.

APPENDIX I

Department of Public Health License for Yale-New Haven Hospital

Department of Public Health

LICENSE

License No. 0044

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Yale-New Haven Hospital, Inc. of New Haven, CT, d/b/a Yale-New Haven Hospital, Inc. is hereby licensed to maintain and operate a General Hospital.

Yale-New Haven Hospital, Inc. is located at 20 York Street, New Haven, CT 06504

The maximum number of beds shall not exceed at any time:

852 General Hospital beds

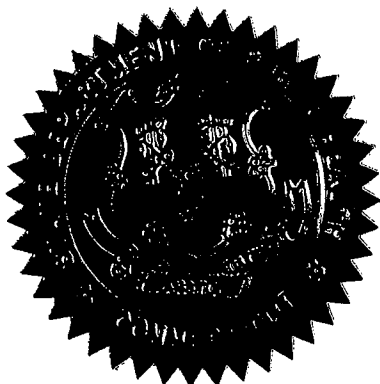
92 Bassinets

This license expires **September 30, 2007** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2005. RENEWAL.

Satellites

Hill Regional Career High School, 140 Legion Avenue, New Haven, CT
Branford High School Based Health Center, 185 East Main Street, Branford, CT
Walsh Middle School, 185 Damascus Road, Branford, CT
James Hillhouse High School Based Health Center, 480 Sherman Parkway, New Haven, CT
Sheriden Academy of Excellence School Based Health Center, 191 Fountain Street, New Haven, CT
Vincent E. Mauro Elementary School Based Health Center, 130 Orchard Street, New Haven, CT
Weller Building, 425 George Street, New Haven, CT
Yale-New Haven Psychiatric Hospital, 184 Liberty Street, New Haven, CT
Yale-New Haven Shoreline Medical Center, 111 Goose Lane, Guilford, CT
Pediatric Dentistry Center, 860 Howard Avenue, New Haven, CT



J. Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner